

PERINATAL SERVICES MONTHLY REPORT

COUNTY: _____ DATE: _____ CONTACT: _____ REPORT MONTH: _____ PHONE#: _____

(1) PROVIDER AND CADDs NUMBER	(2) SERVICE CODE	(3) NUMBER WOMEN SERVED	(4) NUMBER CHILDREN SERVED	(5) NUMBER PREGNANT WOMEN SERVED	(6) NUMBER OF BIRTHS			(7) STATIC CAPACITY	(8)* UNITS OF SERVICE	
					NO TEST	POS	NEG		AVAIL	USED

COMMENTS:

REVISED INSTRUCTIONS FOR THE PERINATAL SERVICES MONTHLY REPORT

Column 1. Enter provider name and California Alcohol and Drug Data System (CADDs) number. Use a separate line for each service code below, include program name if applicable.

Column 2. Enter Service Code. Use the following codes for services as defined in the Perinatal Services Guidelines.

Outreach-22*	Day Care Habilitative-30	Outpatient Drug Free-31	Aftercare-32	Methadone Maintenance-40
Residential Detox-50	Long Term Residential-51	Short Term Residential-52	Transitional Living-56	Interim Services-67
Case Management-68	Primary Medical Care-69	Pediatric Medical Care-70		

Column 3. Enter the number of pregnant women served who are new admissions this month and the number who are continuing treatment from the previous month. Of these, enter the number who were referred in compliance with SB 2669.

Column 4. Enter the number of parenting women served who are new admissions this month and the number who are continuing treatment from the previous month. Of these, enter the number who were referred in compliance with SB 2669

Column 5. Enter the number of children accompanying mothers who are new admissions this month and the number who are continuing treatment from the previous month.

Column 6. Enter the number of births this month and indicate the results of the toxicology screens. If toxicology screens were not performed, enter the number of births in the ANo Test= column. If toxicology screens were performed, enter the number of births in either the APositive= or ANegative= column. Enter the number of births with a diagnosis of fetal alcohol syndrome in the AFAS= column.

Column 7. Enter the number of pregnant women who were given interim services referrals because they were not admitted into a treatment program. For the definition of interim services, refer to the Perinatal Guidelines, Fall 1995, Part 1. C3.

Column 8. Enter the static capacity number for each program. Static capacity is defined as the number of women that can be served at any one time given the resources (perinatal slots/beds). Do not include slots for children.

(*For Outreach - Code 22, enter the number of hours under Static Capacity in Column 8.)